

♀ 1962

Treated for rectal cancer with surgery and RT 2006

Secondary malignancy in the bladder 2018, T1G3 + CIS

BCG treatment 6 week induction therapy and one consolidation treatment after 3 months

On followup recurrence of a TaG3 tumour, no CIS

RALC + orthotopic neobladder

2 months post surgery admitted with high fever and a CT scan shows pyelonephritis with hypogenic areas on the left side.

BCG complications

Treated with piperacillin tazobactame

Cultures show e-coli sensitive for the above antibiotics

Improves very slowly, after 10 days still fever, but mor low grade, comes in the evenings

CT still shows hypogenic areas, cultures are blank, the patient is now on Meropenem without effect.

Antibiotics are withdrawn, drug fever, patient goes home

Low grade fever continues, especially in the evenings, malasie, wheight loss.

PCR in urine 24 days after hospitalisation shows tuberculosis

BCG complications

Treated with piperacillin tazobactame

Cultures show e-coli sensitive for the above antibiotics

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♂ - 1966

Rectal cancer surgery and radiotherapy in 2012

Has a colostomy, has previously had an ileostomy

Diabetes, APC-resistance

Plasma cell balanitis – circumcised but still have problems

Erectile function has decreased the last years and he can no longer get an erection

Just met a new partner

Has tried vaccume pump, PDE5-I and intracavernosal treatment but it does no longer work

Erectile dysfunction

Micturition: Takes a long time, has problems emptying the bladder, goes up several times every night. IPSS 19.

Free flow with an obstructive curve and residual urine is 230 ml

Can we give him an implant?

♀ - 1979

2009 surgery for a cervical cancer

3 years later recurrence in the vaginal top, surgery and radiotherapy

A year later problems with urgency, frequency and mild hematuria.

Cystoskopy with radiation cystitis

Started treatment with anticholinergics and intravesical instillations with chondroitine sulfate

Radiation cystitis

Increasing hematuria demanding transurethral coagulation

Hematuria continues and the patient tries Hyperbaric Oxygen Treatment

More hematuria but it resolves after another set of transurethral coagulation

Continues with anticholinergic and intravesical instillations for several years

After 5 years present with flank pain, urgency, frequency 24/day

Radiation cystitis

Bilateral hydronephrosis and impaired renal function

The bladder is small (100 ml) and thick walled due to fibrosis

Bilateral pyelonephrostomies

Bricker deviation and resection of 90cm of radiation affected small bowel